

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000886

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82Primary Registration District No. 3017Registrar's No. 22

FILED FEB 1 1963

1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Boonville

Length of stay in 1b

13 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

328 6th St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Cooper

c. CITY

OR TOWN

Boonville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

328 6th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EDITH - LOUISA - ROBERTS

4. DATE OF DEATH

Month Day Year

Feb 3, 1963

5. SEX

Fe

6. COLOR OR RACE

wh

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

oct 24/1863

9. AGE (last birthday)

99

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

same

11. BIRTHPLACE (City and state or country)

Springfield, Ill

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Wm Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates)Yes ☒ No ☐ Unknown ☐

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

Lewis Turner

Address

Boonville, Mo

18. CAUSE OF DEATH (Enter only one cause pertaining to part I and part II)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-sclerotic Heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957 to Feb 3, 1963 and last saw her alive on 1-29-63
Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. C. Besketh md

22b. ADDRESS

Boonville Mo

22c. DATE SIGNED

2-4-63

23a. FUNERAL CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb 6, 1963

23c. NAME OF CEMETERY OR CREMATORY

Pilot Grove Ceme

23d. LOCATION (City, town, or county)

Pilot Grove, Mo

24. FUNERAL DIRECTOR

Hays - Painter

Address

Pilot Grove, Mo

25. DATE RECD. BY LOCAL REG.

2/4/63

26. REGISTRAR'S SIGNATURE

J. C. Hooper

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0275

2 0275

3

4 1

5 2

6

7 1

8 2

9 4200

10

11

12 90-0

13 1-0

FEB 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.